

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

Chronic Budd-Chiari syndrome, abdominal varices, and caput medusae in 2 patients with antiphospholipid syndrome.

This is a pre print version of the following article:

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/142592> since 2016-11-09T10:19:02Z

Published version:

DOI:10.1097/RHU.0b013e3181ef7116

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

This is the author's final version of the contribution published as:

Sciascia S; Mario F; Bertero MT. Chronic Budd-Chiari syndrome, abdominal varices, and caput medusae in 2 patients with antiphospholipid syndrome.. JCR-JOURNAL OF CLINICAL RHEUMATOLOGY. 16 pp: 302-303.
DOI: 10.1097/RHU.0b013e3181ef7116

The publisher's version is available at:

<http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00124743-201009000-00013>

When citing, please refer to the published version.

Link to this full text:

<http://hdl.handle.net/2318/142592>

Chronic Budd-Chiari syndrome, abdominal varices, and caput medusae in 2 patients with antiphospholipid syndrome.

Sciascia S1, Mario F, Bertero MT.

Allergology and Clinical Immunology
Department, Umberto I Hospital, Turin, Italy

Correspondence: Savino Sciascia, MD, Allergology and Clinical Immunology
Department, Umberto I Hospital, 10128, largo Turati 62, Turin, Italy. Fax: +39 (0)11
5082557; email: savino.sciascia@alice.it

In 2 male patients (19- and 30 years old) affected by Systemic Lupus Erythematosus (SLE), thrombosis of the inferior cava and suprahepatic veins occurred. Serological findings revealed persistently positive high titers of antiphospholipid antibodies (lupus anticoagulant, anticardiolipin antibodies) in both of them, supporting the diagnosis of antiphospholipid syndrome. Computed tomography confirmed thrombosis and revealed a suprahepatic inferior vena caval web. Physical examination showed tortuous veins on their abdominal walls (Figure A and B), also above the umbilicus, the so called caput medusae. Doppler ultrasonography confirmed subcutaneous collateral veins of the anterior abdominal walls neat the umbilicus that had originated from the dilated paraumbelical veins. Both the patients had diagnoses of SLE for several years and thrombosis. Patients 1 had persistent proteinuria, thrombocytopenia, positive antinuclear antibodies and antiDNA antibodies. In patients 2, the SLE diagnosis was done on the basis of malar rash, arthritis, seizures, positive antinuclear antibodies and antiDNA antibodies. No apparent other risk factor for thrombosis (immobility, trauma, neoplasm, inherited thrombophilia) were found. Both were treated with low molecular weight heparin then shifted to anticoagulant therapy with benefit and they are still alive.

Fig. 1

